

COS Monthly Meetings -- 2015/2016

Chicago Ophthalmological Society

10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730

Phone: (847) 680-1666 ❖ Fax: (847) 680-1682 ❖ Email: Rich@ChicagoEyenet.org

REGISTRATION FORM

Do not write in the space below

Meeting Attending – Use one form per meeting for each person

- September 2015 February 2016
 December 2015 May 2016

Please provide the information requested below and return to the COS administrative office. **Your registration in advance will help us to accurately plan for the meeting so we have the correct number of dinners ordered.** If you are not a member of COS (or if you are bringing a guest), the fee is \$75. There is no fee for residents and fellows in training. **All guests must pre-register.** Make your check payable to the "Chicago Ophthalmological Society" and enclose with your registration, or enter your Visa/MasterCard/Discover number in the space provided below.

Member in good standing	\$ -0-
Pending applicants	\$ -0-
Member - dues not paid	Pay dues
Non-member/guest	\$75
Resident or Fellow	\$ -0-

Help save postage! FAX YOUR REGISTRATION FORM TO 847/680-1682 - OR EMAIL: Rich@ChicagoEyenet.org

Attendee's name: _____

Member's Name _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Total payment enclosed \$ _____

Form of payment: Check Visa MasterCard Discover

Make check payable to: "Chicago Ophthalmological Society"

Credit Card # | | | | | ■ | | | | | ■ | | | | | ■ | | | | | Exp. Date | | / | | | | |
Security Code (on back of card) | | | | |

Name on card: _____

Signature _____

Credit card billing address (if different from above): _____

Billing address city/state/zip: _____